

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. George Edward Burns MD**

Mailing Address 1122 Druid Rd E

City

Clearwater

State

FL

Zip Code

33756-4100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 16 / 2014

Transaction ID : 59824075

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. James Arthur Davison MD**

Mailing Address 309 E Church St

City

Marshalltown

State

IA

Zip Code

50158-2946

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WOLFE CLINIC PC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 16 / 2014

Transaction ID : 59824078

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Richard John Depersio MD**

Mailing Address 7557 Dannaher Way  
Ste 220

City

Powell

State

TN

Zip Code

37849-3563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREATER KNOXVILLE EAR NOSE & THROAT

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.69

Date of Receipt

05 / 16 / 2014

Transaction ID : 59824079

Amount of Each Receipt this Period

416.69

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1166.69